

LOCATED AT (COURT ADDRESS)

Current 2 Filed 03/24/10 Page 1 of 3



501 E. Fagure Street  
Baltimore, MD 21202

**CASE NO.**

CV 0101-25550-2009

## PARTIES

**Plaintiff**

John A. Brantley  
9539 Sheffield Rd  
Baltimore, MD 2/2/18

**VS.**

**Defendant(s):**

1041 Health Care Inc  
1501 Division St.  
Baltimore, MD 21207

**Serve by:**  
☒ Certified Mail  
☐ Private Process  
☐ Constable  
☐ Sheriff

**Serve by:**  
☐ Certified Mail  
☐ Private Process  
☐ Constable  
☐ Sheriff

**3.**

**Serve by:**  
☐ Certified Mail  
☐ Private Process  
☐ Constable  
☐ Sheriff

4.

**Serve by:**  
☐ Certified Mail  
☐ Private Process  
☐ Constable  
☐ Sheriff

**ATTORNEYS**

**For Plaintiff - Name, Address, Telephone Number & Code**

COMPLAINT ☒ \$5,000 or under ☐ over \$5,000 ☒ over \$10,000

Clerk: Please docket this case in an action of ☐ contract ☒ tort  
☐ replevin ☐ detinue ☐ bad faith insurance claim

**The particulars of this case are:**

her attached

(See Continuation Sheet)

☒ Legal  
☐ Contractual \_\_\_\_\_ %

**The Plaintiff claims:**

☒ \$ 10,000.00 plus interest of \$ Any and  
attorney's fees of \$ Any plus court costs.

☐ Return of the property and damages of \$ \_\_\_\_\_  
for its detention in an action of replevin.

☐ Return of the property, or its value, plus damages of  
\$ \_\_\_\_\_ for its detention in action of detinue.

☒ Other: \$10,800.00  
and demands judgment for relief

Signature of Plaintiff/Attorney/Attorney Code

Telephone Number: 410 662 5707

Attached hereto are the indicated documents which contain sufficient detail as to liability and damage to apprise the Defendant clearly of the claim against the Defendant, including the amount of any interest claimed.

☒ Properly authenticated copy of any note, security agreement upon which claim is based ☐ Itemized statement of account ☐ Interest worksheet  
☐ Vouchers ☐ Check ☒ Other written document ☐ \_\_\_\_\_ ☐ Verified itemized repair bill or estimate

I HEREBY CERTIFY: That I am the ☒ Plaintiff ☐ John S. Blantley of the Plaintiff herein and am competent to testify to the matters stated in this complaint, which are made on my personal knowledge; that there is justly due and owing by the Defendant to the Plaintiff the sum set forth in the Complaint.

I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the above Complaint are true and I am competent to testify to these matters. ☒ The Defendant(s) ☐ is/are in the military service ☒ is/are not in the military service and the facts supporting this statement are:

☐ I am unable to determine whether or not any Defendant is in military service.

**Date**

**Signature of Affiant**

Total Health Care, Inc. being a health care provider for the plaintiff John D. Brantley as one of their patient in a program funded cash.

a Dr. James Daniel Griffin, MD and Dr. MART. Rawlings; under Maryland Annotated Codes and COMAR Rules and Regulations of State Statutes section 14-495.

During the period of a period of months. Diamond Plan (Health coverage) was bill for services rendered by the therapist and doctor, named above.

The periods of times show that Dr. Rawlings and Dr. Griffin mostly

Overutilized Health Care Services, by making false overuses to an Administrative Panel about the patient named John D. Brantley.

The Agency process of this was taken place of the consecutive months during the years of 2008 to 2009.

Dr. Coxittin; was negligence in, discharging a patient with prior medical (medication until his next visit.) problems.

And the overuses, was phase of administrative process to relocate patient conditions of release in a NCR conditional release detail